

Health Plan ID2162438

Health Plan NameUnited Healthcare Community Plan

Health Plan Contact\*\*\*

Contact Email\*\*\*

Run Date of 11/11/13

DHH DENIAL CODE	COSMOS DENIAL CODE	COSMOS_REASON_CODE_DESCRIPTION_	COUNT
02	026	REQUIRES NOTIFICATION	2
06	040	CLAIM AFTER MEMBER TERMINATION DATE	2239
06	041	CLAIM BEFORE MEMB EFF DATE	624
06	051	THESE CHARGES ARE FOR SERVICES PROVIDED AFTER THIS PATIENT'S COVERAGE WAS CANCELLED, THEY ARE NOT COVERED.	4885
06	052	BEFORE MEMBER EFF. DATE	3445
05	068	NOT COVERED SERVICE	36
06	082	EOB REC'D LACKS CORRECT INFO	101
02	087	REQUIRES NOTIFICATION	237
06	092	INCORRECT MODIFIER	23
06	1142	PLS SUBMIT W/VALID MOLINA CARRIER CODE	6923
06	2014	CLAIM/EOB SUBMITTED IS NOT LEGIBLE.	82
06	2024	AMBULANCE DENIAL	437
06	2026	INVALID MOLINA BILL TYPE	332
06	2027	DME CHARGES. SUBMIT TO MOLINA DIRECTLY.	202
01	262	SERVICE NOT APPRVD BY HEALTHPLAN	223
04	289	CLAIM FILED AFTER TIME LIMIT	265
02	292	REQUIRES NOTIFICATION/PLAN NOT NOTIFIED	4245
06	300	SUBMIT ACTIVE PROCEDURE CODE FOR DOS	15
06	333	DIAG OR CPT CODE MISSING OR INVALID	252
06	374	NBR OF UNITS DONT CORRESPOND W/DATE SPAN	159
04	381	REVIEWED TIME LIMIT - DENIAL UPHELD	79
05	482	MANUALLY SPLIT CLAIM-DO NOT BILL MEMB	1548
06	492	SUBMIT MOM/BABY CHGS ON SEPARATE UB92'S	13
06	549	DIAGNOSIS (ICD) CODE REQUIRES 5TH DIGIT - THE PROVIDER NEEDS TO RESUBMIT THE CLAIM WITH THE REQUIRED 5TH DIGIT.	218
06	550	DIAGNOSIS (ICD) CODE REQUIRES 4TH DIGIT - THE PROVIDER NEEDS TO RESUBMIT THE CLAIM WITH THE REQUIRED 4TH DIGIT.	63
06	6020	MISSING MED RECORD FOR THIS SERVICE	3084
01	642	CONSENT FORM IS NOT ATTACHED, INVALID	689
06	991	NPI MISSING OR INVALID	688